P9700	2089248
REFERENCE: DATE: CONTACT: PROM:	O150 4148 O150 4148 O150 VIAO 10- 14-98 CINDY HICKS CORPORATE & CRIMINAL RESEARCH SERVICES TOUR N. MERIDIAN STREET TALLAHASSEE EL 12301
TELEPHONE: SUBJECT: STATE FEES PREPAID W	M. CANN OF Florida INC. 38 TO THE CHECK # 3417 FORS 35.80 5 5 5
PLEASE FILE: () ARTICLES OF INC, () ANNUAL REPORT () QUALIFICATION () FICTITIOUS NAME () TRADEMARK/SERVICE PROVIDE US WITH: () CERTIFIED COPY	() DISSOLUTION () MERGER () WITHDRAWAL () LIMITED PARTNERSHIP () ANNUAL REPORT () LIMITED LIABILITY () REINSTATEMENT () UCC-1 () UCC-3 9000266355 -10/14/9801045029 ***********************************

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF MCCANN OF FLORIDA, INC.



Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act (the "Act"), the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

- 1. The name of the corporation is MCCANN OF FLORIDA, INC. (the "Corporation"), document number P97000089248, filed on October 16, 1997.
- 2. The following Amendment to the Articles of Incorporation was adopted by the all of the Directors of the Corporation and by all of the Shareholders of the Corporation, the number of votes cast being sufficient for approval, on October 9, 1998 in the manner prescribed by Section 607,1003 of the Act:

RESOLVED, that Article I of the Corporation's Articles of Incorporation shall be amended in its entirety to read as follows:

ARTICLE I

Name

The name of this Corporation is NADIF of Florida, Inc. (hereinafter, the "Corporation") and its mailing address is c/o Pedro A. Martin, Esq., Greenberg Traurig, P.A., 1221 Brickell Avenue, 24th Floor, Miami, Florida 33131.

3. Except as hereby amended, the Articles of Incorporation of the Corporation shall remain the same.

IN WITNESS WHEREOF, the undersigned being the President of the Corporation, has executed these Articles of Amendment to Articles of Incorporation of MCCANN OF FLORIDA, INC. this 12th day of October, 1998.

MCCANNOF FLORIDA, INC. a Florida Edition

1/4-1-1

Stuart S. Fisher President

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 ar Secretary of State

Zip Code

FILED

1999

DOCUMENT #	P97000089248
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NADIF OF FLORIDA, INC.

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Principal Place of Business	Mailing Address		L IRECION SIGNATURE AND	
C/O PEDRO A MARTIN ÉSQUIRE 1221 BRICKELL AVENUE 24TH FLOOR MIAMI FL 33131	C/O PEDRO A MA 1221 BRICKELL AVE MIAMI FL 33131		DO NOT WRITE IN T	HIS SPACE
·	IIII III I L VOIT		3. Date Incorporated or Qualified	
			10/16/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		52-2085772	Not Applicat
Sulte, Apt, #, etc.	Suite, Aprl. #, ek	.	5. Certificate of Status Desired	\$8.75 Additional Fee Recuired
City & State	_ City & State			\$5.00,May Bea Added to Feeg
Zip . Country	Žip	Country 30	This corporation owes the current year Personal Property Tax.	r Entangitie
9. Name and Address of Cur			10. Name and Address of New Registe	red Agent
Martin, Pedro a eso C/O Greenberg, Traurig, Ho 1221 Brickell Avenue - 24th I	IFFMAN, ET. AL.	81 Name 82 Street A	odress (P.O. Box Number is Not Acceptable)	
MIANN FL 33133		— i ——		

11. Pursuant to the previsions of Sections 607,0502 and 607,1508, Rorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0500, Florida Statutes.

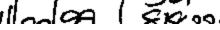
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SIGNATURE	Sharwara, typod or printed name of registered agent and SUs II employed.	(NOTE Re	дірінін <mark>Ару</mark> та відга і ізга		13A1E	
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14. Thereby centry that the information supplied with this fling does not quality for the exemption stalled in Section 119.07(3)(i). Florida Statules. I turther certify hear the informatio indicated on this annual report or supplemental armutal report is true and accurate and that my signature shall have the same legal affect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name is prefer in Block 12 or Block 13 if changed, or on an attachment with an address, with all other tike empowered.



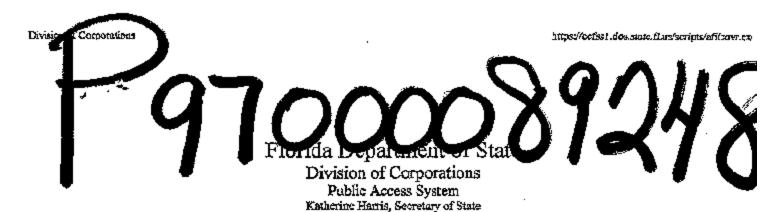


DOCUMENT # P97000089248

FILED Feb 28, 2000 8:00 am Secretary of State

NADIF OF FLORIDA, INC.

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Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number : (850)205-0360

o From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

W-t M I

BASIC AMENDMENT

ONE HARBORVIEW, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

6/3/02 1:NLPN

7007 00 NA



ARTICLES OF INCORPORATION
OF
ONE HARBORVIEW, INC.

SECURIAS SECULIONADA

Pursuant to the Florida Business Corporation Act (the "Act"), the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

- The name of the corporation is ONE HARBORVIEW, INC. (the "Corporation"), document number P97000089248, filed on October 16, 1997.
- 2. The following Amendment to the Articles of Incorporation was adopted by the all of the Directors of the Corporation and by all of the Shareholders of the Corporation, the number of votes cast being sufficient for approval in the manner prescribed by the Act:

The registered agent / registered office of the Company is hereby replaced with the following (see attached Certificate of Designation of Registered Agent / Registered Office):

Registered Agent: Tamara J. Fisher

Registered Office: 173 Root Trail

Palm Beach, Florida 33480

3. Except as hereby amended, the Articles of Incorporation of the Corporation shall remain the same.

IN WITNESS WHEREOF, the undersigned being the President of the Corporation, has exercised these Articles of Amendment to Articles of Incorporation of ONE HARBORYIEW, INC.

ONE HARBORVIEW, INC., a Florida

Tamara J. Fisher, President

HO2000146871

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the corporation is: ONE HARBORVIEW, INC.
- The name and the Florida street address of the registered agent are:

TAMARA J. FISHER NAMB

173 Root Trail
Palm Beach, Florida 33480
Florida street address (P.O. BOX, NOT ACCEPTABLE)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

TAMARA J. FISHER

H02000146871

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 ar DOCUMENT # P97000089248 Secretary of State ONE HARBORVIEW, INC. 04-10-2001 90069 034 ***150.00 Principal Place of Business Mailing Address C/O PEDRO A MARTIN ESCUIRE C/O PEDRO A MARTIN ESQUIRE 1221 BRICKELL AVENUE 24TH FLOOR 1221 BRICKELL AVENUE 24TH FLOOR MIAM FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2085772 Noi Auplics Zip Country Country Zip **\$8.75** Additional 5. Conflicate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MARTIN, PEDRO A ESQ Street Address (P.O. Box Number is Not Acceptable) C/O Greenberg, Traurig, Hoffman, et. Al. 1221 BRICKELL AVENUE - 24TH FLOOR MIAMI FL 33133 City Zip Code FL 8. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered again, and (the ill applicable). (pulsarian with Derugnen en large timus parameter) FILE NOW!!! FEE IS \$150.00 9. Trus corpo ation is eligible to satisfy its intangible Rection Campaign Financing \$5.00 May Be Tex I ting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critoria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND CIRECTORS 12. 11. шпп ☐ De.eba TITLE □ Channe ☐ Adol: NULUE NAME fisher, tamara i STREET ACCRESS STRUCT ADDRESS P.O. BOX 311 CITY-\$1-2P CITY-ST-ZIP PALM BEACH FL 33480 ☐ Chareic Addit 🔲 TITLE Deleta SHILE NAME NAME STREET ADDRESS STFEET ADDRESS CITY-ST-ZIP CH7-SI-7P 🗀 Urange □ Addit ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-\$1-2P DITLE L Delete TI1'LE 🗐 Charge L I Additi 44kE NAME STREET ADDRESS STREET ADORESS. CHY-ST-ZP CITY-ST-ZP TITLE ☐ Celete ☐ Change 1lthA 📑 TIT: F HAIVE NAME STREET ADDRESS STREET ADDRESS. ⊈ fY-st-zia CIT4-S1-2IP T□E ☐ Dalete [] Change 🔼 Additi 1111E MANE NaMÉ STREET ADDRESS. SUBSET ADDRESS CTY St 79 CITY-ST-ZID

13. Thereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119 07(3)(f), Florida Statutes, I further codify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as 1 made under cally, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter (07, Florida Statutes; and that my name applicants in Block 12 in Block 12.

.berawaraa elika arrpowarad المردالسم

changed, or on an attachment will

2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 a P97000089248 DOCUMENT # Secretary of State Entity Name 05-21-2002 91157 043 ***150.00 ONE HARBORVIEW, INC. Principal Place of Business Meiling Address C/O PEDRO A. MARTIN, ESQUIRE C/O PEDRO A. MARTIN, ESQUIRE 1221 BRICKELL AVENUE 24TH FLOOR 1221 BRICKELL AVENUE 24TH FLOOR MAMI FL 33131 MIAM FL 33131 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Suite, Apt. #, ctc Appled For 4. FEI Number City & State City & State 52-2085772 Not Applicab Country \$8.75 Additional Ζp Country Zρ 5. Certificate of Status Desired Foo Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O GREENBERG, TRAURIG, HOFFMAN, ET. AL. 1221 BRICKELL AVENUE - 24TH FLOOR **MIAMI FL 33133** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. S'GNATURE, Signature, typed or printed name of registered agent and tille it applicable. (AC) The Bagistered Agains granure regulated when reinstailing; DATE 9: Inla corporation is eligible to satisfy its Intengible. Talkang requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 9 ection Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Seé critéria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 71, ☐ Change □ Arbitit □ De Rin T-Π.E TFLE **LAME** FISHER, TAMARA I NW.E STREET ADDRESS STREET ADDRESS P.O. BOX 311 PALM BEACH FL 33480 CITY ST 7.P CHY SY ZP Change Ada da TITLE 🗆 Deleie LILF NAME MANYE STREET ADDRESS STPEET ADDRESS CITY-ST-ZP CITY-5T-ZIP Change ☐ Delete HELE □ Addltic TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-RIP CITY-ST-ZP C De ele TITLE ☐ Change ☐ Addition III LE NUMB NAME STREET ADDRESS STREET ADDRESS CHY-SI-72 CITY-51-ZIP TILE ☐ MHilio ☐ Chance □ De ale 77.E MAMO NAME STREET ADDRESS STREET AUDRESS CITY-ST-2/P CITY-51-ZIP ☐ Dalete Change Acditi: ₹DLE ם זיד MAME HAME

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^{13.} Thereby certify that the Information is cooled with this filing cools not qualify for the exemption support in Section 119.07(3)(1). Florida Statutes, if further certify that the information indicated on this report in supplemental report is true and accurate and that my signature shall have the same legal effect as it reads under oath that I am on officer or director of the corporation or the recitiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my half is appears in Block 11 or Block 12 to changed, or on an attachment with an address, with all other like empowered.

Page 10 of 10 /23/2003

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000089248 **DOCUMENT#**

1. Entity Name



FILED Feb 10, 2003 8:00 an Secretary of State

02-10-2003 90153 029 ***150.00

	ONE HAR	BORVIEW, INC.										
Principal Pace of Business CAO TAMARA J. FISHER 173 ROOT TRAIL PALM BEACH FL 33480		J. FIS her ML	Maling Address C/O TAMARA J. FISHER 173 ROOT TRAIL PALM BEACH FL 33480	C/O TAMARA J. FISHER 173 ROOT TRAIL								
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ŀ		6. Name and Address of Curre	nt Registered Agent			,7. Name	and Addres	s of New Re	gistered	Agent		
	FISHER, 7.			Name Street Add	ness (P.	30. Box N.	imber is Net	Acceptable))			
	173 ROOT							···-				
	PALM BEA	CH FL 33480		Çily					F	L Zip	Code	
		named entity submits this statement ions of registered agent.	tor the purpose of changing its reg	t gered office or re	gistore	ed agent, o	r botn, in the	State of Fixe	rida. Lan	n fam: iar	with a	nd audept
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fixida Statutes, I further carify that the information had called on this report is supplied employed and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the dolporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears and occurred by chapter 607, Florida Statutes; and that my name appears and occurred by the an address, with at other like employment.